

The effect of oral omega-3 polyunsaturated fatty acid supplementation on muscle maintenance and quality of life in patients with cancer: A systematic review and meta-analysis

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THE EFFECT OF ORAL OMEGA-3 POLYUNSATURATED FATTY ACID SUPPLEMENTATION ON MUSCLE MAINTENANCE AND QUALITY OF LIFE IN PATIENTS WITH CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Rationale: Omega-3 polyunsaturated fatty acid (PUFA) supplementation is a promising therapy for cancer-related malnutrition, which affects 20-70% of patients with cancer^{1,2}. This systematic review aimed to examine the effects of oral omega-3 PUFA supplementation on muscle maintenance and quality of life in patients with cancer.

Methods: Randomised controlled trials in cancer patients aged >18 years were retrieved from 5 electronic databases; MEDLINE (via PubMed), EMBASE, CENTRAL, CINAHL (via EBSCOhost), and Web of Science, from database inception until 31st of December 2019. Trials supplementing ≥600 mg/d omega-3 PUFA (oral capsules, pure fish oil or oral nutritional supplements) or a control intervention for ≥3 weeks were included. Meta-analyses were performed in RevMan to determine the mean differences (MD) in muscle mass and quality of life between omega-3 PUFA and control groups with 95% confidence intervals (CI) and I² for heterogeneity.

Results: We included 33 studies in patients with various types of cancers and degrees of malnutrition. The Cochrane risk of bias tool graded most trials as 'unclear' or 'high' risk of bias. Meta-analyses showed oral omega-3 PUFA supplements improved physical functioning (MD: 6.33; 95% CI: 0.32, 12.34, p=0.04; I²=0%) and potentially reduced fatigue (MD: -6.21; 95% CI: -13.473, 1.05, p=0.09; I²=14%). However, there was no significant effect of omega-3 PUFA supplements on muscle mass, global health status, emotional functioning and symptoms (nausea and vomiting, loss of appetite and diarrhoea).

Conclusion: This review provides evidence for the benefits of oral omega-3 PUFA supplementation on quality of life but not on muscle maintenance in patients with cancer. Well-designed large-scale randomised controlled trials in homogenous patient cohorts are required to confirm these findings.

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Disclosure of Interest: None Declared

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